

RN/LPN GENERAL INSTRUCTIONS

All licenses are due for renewal by June 30 of your renewal year instead of by birth months.

ARIZONA IS A COMPACT STATE. If you have Multistate Privileges in another Compact State (AZ, AR, DE, ID, IA, ME, MD, MS, NE, NH, NM, NC, ND, SC, SD, TN, TX, UT, VA, WI), you should not apply for renewal in Arizona unless you are declaring Arizona as your Primary State of Residency or are a Nurse Practitioner. You should request to go inactive. (See www.ncsbn.org for a list of Compact States.)

ONLINE RENEWAL: Go to the Arizona State Board of Nursing Web page at www.azbn.gov. Online renewal will provide you with an easy, efficient and safe way to renew your license 24 hours per day.

LICENSE FEES: **ALL FEES ARE NON REFUNDABLE**

Renewal fee will be \$150 (paper application) and Online Renewal fee will be \$140

- \$50.00 **Late Fee** per month up to a total fee of \$200. If your application is post dated August 2 or after, a late fee is due for license renewal.
- No fee is required for inactive status. If request for Inactive Status is made after the expiration date, a Renewal Fee and Late Fee are required. All application questions must also be answered when requesting this status.
- All fees may be paid by check or money order and made payable to the Arizona State Board of Nursing.
- **ALL PERSONAL CHECKS** must be pre-printed with your name and address or they will be returned.
- All renewals that are returned to the Board because of an incorrect address will be fined \$5.00.
- There is a \$50.00 fee for all checks returned for insufficient funds.

LAPSED LICENSE: If your license has lapsed, an invalid license questionnaire must be submitted with the renewal application. The Invalid License Questionnaire is included in this packet.

NOTICE TO ADVANCED PRACTICE NURSES/CRNA'S: If you are an Advanced Practice Nurse Practitioner/Clinical Nurse Specialist/Certified Nurse Midwife who has been issued certification by Arizona State Board of Nursing since 7/1/04, that certification will expire when your RN license expires. The Board must receive **official verification** of current national certification/recertification, by category and specialty, along with the issue and expiration dates, directly from the credentialing agency. It is your responsibility to request official verification be sent to the Board.

If you are a Certified Registered Nurse Anesthetist, who has been issued Prescribing Privileges by the Board, that privilege expires when your RN license expires. The Board must receive **official verification** of current certification/recertification directly from the American Association of Nurse Anesthetists Council on Recertification, in order to retain prescribing privileges. It is your responsibility to request official verification be sent to the Board.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES: Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

TIME FRAMES FOR LICENSING: For the purposes of these time frames, the Board is required to process applications for renewal of licensure/certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information or is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

LICENSING TIME FRAMES

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
License Renewal WITHOUT INVESTIGATION	R4-19-304	120 days	30 days	270 days	90 days	150 days
WITH INVESTIGATION	R4-19-304	270 days	30 days	270 days	240 days	150 days

For more information, regarding the time frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, contact Debra Kunkle at (602) 889-5195 or e-mail at dkunkle@azbn.gov.

RN/LPN RENEWAL APPLICATION INSTRUCTIONS

IMPORTANT: This form is processed by a computerized scanner. Only characters written inside a box will be read. Only 1 character per box, this includes punctuation. Please print legibly with **all** capital letters (**black ink only**). If your information does not fit in the space provided, please include an 8 ½ x 11 piece of paper with the section # and information that needs to be updated.

SECTION: (Complete all sections unless otherwise noted)

- 1.) Print your social security number, birth date, and city, state, and country of birth. Fill in the check box which indicates your sex (optional).
- 2.) Fill in this section if you have a new name. If your name has changed, please include a copy of an official document showing your **previous** name (i.e. birth certificate, social security card, marriage license, diploma from high school) **and** a copy of an official document showing your **new** name (i.e. marriage license, divorce decree, driver's license, social security card) per R4-19-307 A.
- 3.) Home address/primary state of residence. Your street address; the city, state, and zip code fields are mandatory. This address must reflect where you vote, pay federal taxes or obtain a drivers license. The primary state of residence determines whether your license will be a multistate license or valid in Arizona only. Only nurses with their primary state of residence in Arizona shall hold a multistate Arizona license. For more information on the multistate compact visit the www.ncsbn.org website.
- 4.) Mailing address. You are required to have a mailing address on file. A.R.S. 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record.
- 5.) One phone number is required for your record.
- 6.) Answer yes if you have ever been licensed in another state, list all states. If you are licensed in Arizona only, answer no.
- 7.) Fill in the check boxes for your current employment status and the number of hours that you work each week as a nurse.
- 8.) Fill in your current or previous employer/practice setting. If you had less than 960 hours of nursing practice at either your current or previous employment/practice setting, please list addition practice information on a separate 8 ½ x 11 sheet of paper. Note: a "To" date is not required if you are listing a current employer/practice setting. You can leave the month and year fields blank.
- 9.) **Practice requirement.** You must have practiced at least 960 hrs in the past 5 years in a position that requires or recommends an RN or LPN license. This could be as an employer or a volunteer and could include bedside nursing, teaching, consulting, supervising, or clinical experience in a nursing program. It could also include obtaining an advanced nursing degree i.e. RN to BSN, Masters or Doctorate, or completing an Arizona Board approved refresher course. If you do not meet the minimum requirement(s) a license renewal cannot be issued. If you need to take a refresher course, see our Web page at www.azbn.gov to see available courses. You would need to request a Temporary License "for refresher course only" when you can provide documentation that you have actually enrolled in the course. A "temporary license for refresher course only" can be obtained by completing a renewal application and a request for temporary license application available on our Web site at www.azbn.gov
- 10.) If your field of employment is not listed, fill in the "other" check box and write in your main field of employment in the boxes provided.
- 11.) If your current position is not listed, fill in the "other" check box and write in your current nursing position.
- 12.) If your major clinical or teaching area in nursing is not listed, fill in the "other" check box and write in your current area in nursing. This field is required even if you are not currently working.
- 13-16.) If the exact date is unknown, an approximate month along with the year may be written in these sections.
- 17.) All information is optional. Your e-mail address can be entered using lower case letters.
- 18.) Inactive Status is for individuals that will not be practicing in Arizona using their Arizona license. With this status, no late fees will accrue during the inactive period. If you would like to renew your inactive license please contact us to request a renewal application. If your license remains inactive for five or more years you will be required to provide proof of employment in nursing within the previous 5-year period or you will have to complete an Arizona Board-approved refresher course for renewal. Your license status must be active/good standing or it cannot be inactivated.

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SOUTH CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SOUTH DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEW HAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NORTH CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NORTH DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NORTH MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

Janet Napolitano
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix AZ 85014-3653
Phone (602) 889-5150 Fax (602) 889-5155
E-Mail: arizona@azbn.org
Home Page: <http://www.azbn.org>

TO: All licensed persons renewing late
FROM: Joey Ridenour, RN, MN, Executive Director
SUBJECT: **POSSIBILITY OF WORKING ON AN INVALID LICENSE**

You recently submitted your application for renewal of your professional/practical license. A review of your application indicates you may have worked on a lapsed license. According to A.R.S. §32-1666 (A) (1): "It is unlawful for a person not licensed under this chapter or not holding temporary license to: Practice or offer to practice professional or practical nursing in this state".

The attached questionnaire must be completed and returned two weeks from the date of receipt. If it is found that you inadvertently or otherwise worked on a lapsed license, the Board may order me to offer you a consent agreement for an administrative penalty in addition to the late renewal fee. The schedule of the penalty fee is below.

In filling out the questionnaire, you are asked whether or not you worked in a position requiring licensure during the time of the licensure lapse. This may include positions that do not include "hands-on" nursing, such as a management position, quality assurance, etc. If you have any doubt, please refer to your original job description to verify educational and licensure requirements.

In marking "NO", please be aware that job descriptions and time card records will be subpoenaed as deemed necessary.

If you have any further questions or concerns, please contact Vicky Driver, Administrative Assistant, at (602) 889-5162.

No. of Months Unlicensed	Amount of Administrative Penalty 1st offense	Amount of Administrative Penalty 2nd offense	Decree of Censure 1 st offense	Decree of Censure 2nd offense	Referral of Employer to DHS
1		\$500.00	NO	YES	NO
2	100.00	1000.00	NO	YES	NO
3	150.00	1000.00	NO	YES	YES
4	200.00	1000.00	NO	YES	YES
5	300.00	1000.00	NO	YES	YES
6	400.00	1000.00	NO	YES	YES
7	500.00	1000.00	NO	YES	YES
8	600.00	1000.00	NO	YES	YES
9	700.00	1000.00	NO	YES	YES
10	800.00	1000.00	NO	YES	YES
11	900.00	1000.00	NO	YES	YES
12	1000.00	1000.00	NO	YES	YES
13 or more	1000.00	1000.00	YES	YES	YES

Janet Napolitano
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 N. 7th Street, Suite 200

Phoenix, AZ 85014-3653

Phone (602) 889-5150 Fax (602) 889-5155

E-Mail: arizona@azbn.gov

Website: www.azbn.gov

INVALID LICENSE QUESTIONNAIRE

1. RN License # _____ LPN License# _____

2. Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

4. Telephone: (_____) _____ Social Security #: _____

5. Did you work as a RN or LPN on your Arizona license while your Arizona license was due for renewal or lapsed/expired?

(Example: If your license was due for renewal on 6/30/06, did you work after 8/1/06 on that license?)

If your job description requires you to be licensed, or if you present yourself to the public as a nurse in any way at your place of employment, **you are working as a nurse**, even if your job does not include any direct "hands-on care.

☐ **NO**

☐ **YES** If yes, where did you work while your license was due for renewal or lapsed/ expired?

Employer

Employer: _____ Employer Phone #: _____

Address: _____

Direct Supervisor's Name/Title: _____

Supervisor's Phone #: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE



ARIZONA STATE BOARD OF NURSING
RENEWAL APPLICATION FOR REGISTERED NURSE/
PRACTICAL NURSE LICENSE

OFFICE USE ONLY

- ☐ Act. to Inact.
☐ Lapsed to Act.
☐ Inact. to Act.
NURSYS Results
☐ Pos. ☐ Neg.
Reviewer:

RENEWAL DUE DATE: / /

FEE: \$

LICENSE NUMBER:

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

APPLICANTS NAME (the name you are currently licensed with)

Last Name

First Name

M.I.

1.

SOCIAL SECURITY NUMBER

 - -

BIRTH DATE (month/day/year)

 / /

SEX (optional)

Male ☐ Female ☐

BIRTH CITY

STATE

COUNTRY (ex. USA)

2.

DO YOU HAVE A NEW NAME?

☐ No

☐ Yes

If yes, fill in your new name. (Documentation is required)

Last Name

First Name

M.I.

3.

HOME ADDRESS/PRIMARY STATE OF RESIDENCE

(where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1

Street Address Line 2

County of Residence

City

State

Zip Code

4.

MAILING ADDRESS

☐ Same Information As Section 3

Street Address Line 1

Street Address Line 2

City

State

Zip Code

5.

HOME PHONE

() -

CELL PHONE

() -

RNRA





- If yes, list state(s). See the instructions for abbreviation codes. If you are licensed in more than 10 states, attach a separate list.

7. EMPLOYMENT STATUS ☐ Employed ☐ Not Employed

Traveler

☐ Yes☐ No

Average number of hours worked per week as a nurse?

8. EMPLOYMENT OR PRACTICE SETTING (Your current or previous nursing practice information must be provided)

$$\frac{\boxed{} \boxed{}}{\boxed{} \boxed{} \boxed{} \boxed{}} =$$

☐ I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**

☐ I have completed an Arizona Board approved refresher course within the past 5 years **OR**

☐ I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> HMO | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Public Health/Community |
| <input type="checkbox"/> Clinic/Ambulatory Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> Non-Health Care | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Hospice | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> Gov – Military | <input type="checkbox"/> Gov – Non Military | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Private Duty | | |

☐ Administrator or Assistant ☐ Consultant ☐ Head Nurse or Assistant ☐ Staff Development ☐ Volunteer
☐ Case Manager ☐ CRNA ☐ NP ☐ Staff Position ☐ CNS
☐ Faculty ☐ Researcher ☐ Supervisor or Assistant

2

12. MAJOR CLINICAL OR TEACHING AREA IN NURSING (Fill in one box only)

<input type="checkbox"/> Generalized Community Health (public health)	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Medical Surgical
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric/Mental Health	<input type="checkbox"/> Obstetric/Gynecologic
<input type="checkbox"/> Information	<input type="checkbox"/> Special Care (e.g. OR, ER, ICU, CCU)	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Other	<table border="1" style="width: 100%; height: 20px;"></table>	

13. NURSING PROGRAM ATTENDED

Name

City

 State

 Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ RN Masters

Date of Graduation (month/year)

 /

14. COLLEGE OR UNIVERSITY FOR HIGHEST DEGREE HELD ☐ Same Information As Section 13

Name

City

 State

 Zip Code

Degree ☐ Licensed Practical Nurse ☐ RN Diploma ☐ RN Associates Degree ☐ BSN ☐ Bachelors Non-Nursing

☐ Masters-Nursing ☐ Masters Non-Nursing ☐ Doctorate ☐ Certification ☐ CRNA

Date of Graduation (month/year)

 /

15. TESTING INFORMATION

Date of State Exam (month/year)

 /

 Type of Test ☐ SBTPE(was given prior to 7-1-82)

☐ NCLEX (was given after 7-1-82)

Did you test more than 1 time? ☐ No ☐ Yes If yes, how many times?

16. Certification: If applicable list any current national certification in nursing that you hold (does not include CPR)

Name of certification body Line 1

Line 2

Specialty/Category

Date of certification (month/year)

 /

 Expiration Date (month/year)

 /

17. OPTIONAL INFORMATION

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Hispanic ☐ Caucasian ☐ Asian ☐ Other

18. INACTIVE STATUS ☐

Mark this check box to place your license on Inactive Status. Only an active Arizona license in good standing can be placed on Inactive Status (no fee required). If your primary state of residence is in a compact state other than Arizona and you are not an advanced practice nurse, you are required to inactivate your Arizona license. Please visit the National Council website at www.ncsbn.org for participating states. All required application questions must also be answered when requesting this status.



DISCIPLINARY QUESTIONS



Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Are you currently a participant in a state board/designee monitoring program (other than AZ) including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates reasons for participation, and a copy of the participation agreement.

3. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

4. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

5. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

PLEASE NOTE: It takes 2-3 weeks to process your application. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks before the renewal date. If this application is not postmarked by midnight on August 1 of your renewal year, you will be required to pay an extra fee for late renewal. If you do not renew on or before Nov. 1, your license is expired. The postmark does not mean that your license has been updated in our system. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process. You may renew your license at our office from 8am-5pm Mon.-Fri. You may check to see if your license has been renewed by visiting our website and using our online verification system to verify your license. Our Website is www.azbn.gov.

RNRD

PLEASE STAPLE ALL FOUR PAGES OF THE APPLICATION TOGETHER AND
MAIL TO: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150 Fax (602) 889-5155

